

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

First State PAC

ADDRESS (number and street)

P.O. Box 3006

☐Check if different  
than previously  
reported. (ACC)

Wilmington

DE

19804

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00363648

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Frank Bullock

Signature of Treasurer

Electronically Filed by Susan Frank Bullock

Date

0 1

3 1

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
First State PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y</span> <span>2006</span>		133317.37
(b) Cash on Hand at Beginning of Reporting Period .....	64273.86	
(c) Total Receipts (from Line 19) .....	2500.00	144500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66773.86	277817.37
7. Total Disbursements (from Line 31) .....	12028.25	223071.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54745.61	54745.61
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
First State PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	8500.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	8500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	133500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	2500.00	142000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2500.00	144500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2500.00	144500.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6028.25	83571.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	6028.25	83571.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	128000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	3500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	8500.00
29. Other Disbursements.....	0.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12028.25	223071.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12028.25	223071.76

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2500.00	142000.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	8500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1500.00	133500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6028.25	83571.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6028.25	83571.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First State PAC

**A.** Full Name (Last, First, Middle Initial)  
MetLife, Inc. Employees' Political Partic. Fund

Mailing Address One Metlife Plaza - 27-01 Queens P  
Area 4-D

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing  
federal political committee.

**C** C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 0 6

Transaction ID: C8299609

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

2500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
First State PAC

Full Name (Last, First, Middle Initial)

## **A. Diamond Strategies**

Mailing Address 4633 Talley Hill Lane

City Wilmington State DE Zip Code 19803

Purpose of Disbursement  
Political Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D620**

Date of Disbursement

12 / 29 / 2006

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

## **B. ATX Communications**

Mailing Address 50 Monument Road

City Bala Cynwyd State PA Zip Code 19004

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D138930**

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

49.48

Full Name (Last, First, Middle Initial)

## **C. Perkins Coie LLP**

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal & Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D138927**

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

712.40

**SUBTOTAL** of Disbursements This Page (optional) .....

1461.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First State PAC

Full Name (Last, First, Middle Initial)

**A.** Jennifer Hanson Mueller

Mailing Address 4 Forrest Street

City  
Alexandria

State  
VA

Zip Code  
22305

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D138928**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Jennifer Hanson Mueller

Mailing Address 4 Forrest Street

City  
Alexandria

State  
VA

Zip Code  
22305

Purpose of Disbursement  
Office Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D138929**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

566.37

**SUBTOTAL** of Disbursements This Page (optional) .....

4566.37

**TOTAL** This Period (last page this line number only) .....

6028.25



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First State PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of Max Baucus

Mailing Address P.O. Box 586

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Contribution

Candidate Name  
Max Baucus

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT

District:

**Transaction ID:** D138932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	6

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First State PAC

Full Name (Last, First, Middle Initial)

**A.** America's Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Avenue NW  
Suite 500 South Building

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D138931

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00